

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018417

**Entity Name:** CARDIOLOGY ASSOCIATES OF MIAMI BEACH, PLLC

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 1003  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4302 ALTON ROAD  
SUITE 1003  
MIAMI BEACH, FL 33140 US

**FEI Number:** 20-2396250

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOWER, TANYA LESQ.  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name VIVAS, PABLO HM.D.  
Address 4302 ALTON ROAD, SUITE 1003  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PABLO H. VIVAS, MD

**MANAGER**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date